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Understanding of post-traumatic Stress Disorder Among Khmer Traditional Healers: A Case Study

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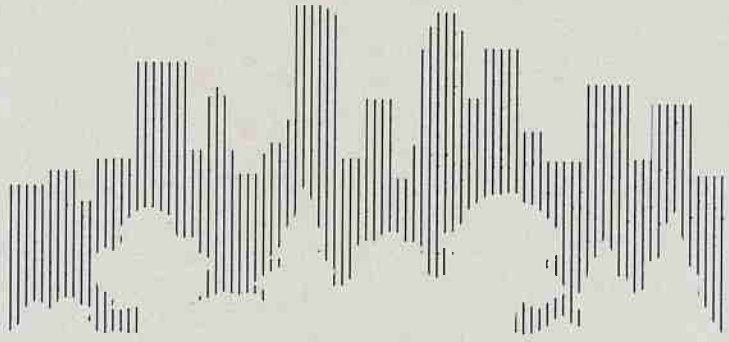

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MASTERS IN SOCIAL WORK THESIS

Chang Thach

Understandings of Post-traumatic Stress Disorder Among Khmer Traditional Healers: A Case Study

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UNDERSTANDINGS OF POST-TRAUMATIC STRESS DISORDER AMONG KHMER TRADITIONAL HEALERS: A CASE STUDY

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CERTIFICATE OF APPROVAL

This is to certify that the Master's Thesis of Chang Thach has been approved by the Examining Committee for the thesis requirements for the Master of Social Work Degree.

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Abstract of Thesis

Approximately three million Cambodian (Khmer) people were victims of political genocide committed by the Khmer Rouge in 1975 inside Cambodia. A significant number of survivors of this holocaust immigrated to Minnesota. The psychological trauma of living through the genocide by the Khmer Rouge has caused many Khmer immigrants to seek mental health services. Many of these seeking mental health services have been diagnosed as suffering from Post Traumatic Stress Disorder (PTSD).

Two groups of Khmer healers currently live in Minnesota: the Buddhist monk and Kru healer. Traditional Khmer immigrants suffering from PTSD symptoms may be inclined to seek help from the Buddhist monk and/or the Kru healer. Khmer people are also being treated by mental health professionals such as psychologists, psychiatrists, and social workers.

This thesis presents research designed to explore the healing methodology used by Khmer traditional healers in treating suicidal thoughts, memory loss, and nightmares; these are common PTSD symptoms. The purpose of this study was to more fully understand the healing process engaged in by one Buddhist monk and one Kru healer. Findings from this study will be useful for social workers, psychologists, and psychiatrists in the development of culturally competent treatments for survivors of the Khmer Rouge genocide who still suffer from PTSD.

The Buddhist monk recommended that by understanding the family roles and religious beliefs of the Khmer people, social workers will be better prepared to assist the refugees in their resettlement process as well as help them deal with their past trauma and loss. In contrast, the Kru healer does not nor will not recommend that his clients seek help from Western professionals, especially the professionals in the medical field. Mutual education and respect are both therapeutic and essential to delivering appropriate service as a team. In order to help Khmer survivors more successfully, we must work together to find an approach that is acceptable to the client and does not violate traditional values and

belief systems. Finally, the Western professionals must remember that cross-cultural teamwork takes time, patience, flexibility, and cultural tolerance.

CHAPTER ONE

Introduction

Conservative estimates are that over one million Cambodian men, women, and children died as the result of murder, torture, starvation, and disease during the purge of Pol Pot's killing fields (Jackson, 1989); other estimates suggest three million Cambodians died (Kinzie, 1989). Thus, less than six million of the 7.3 million Cambodians alive on April 17, 1975, under the Khmer Rouge Regime, remained alive after the Pol Pot regime departed in 1979 (Jackson). The horror and devastation of the Cambodian holocaust remained largely out of the American consciousness until 1984 when the movie, "The Killing Fields" brought the atrocities to our attention.

Over 150,000 Cambodian refugees have resettled in the United States since 1975. At extreme danger to their lives, Cambodians fled on foot, in many cases over half the distance of the country (200 miles), to the borders of Thailand and Viet Nam. These survivors of the Cambodian holocaust endured a wide range of life threatening and traumatic experiences: (a) dislocation from their homes, (b) forcible separation from children and other family members, (c) witnessing family members taken to their death, (d) starvation, (e) untreated illness, (f) physical torture, (g) rape, (h) seeing cadavers everywhere, (i) witnessing mass executions, or (j) the murder of individuals who did something minor, like covertly eating a grasshopper (Martin, 1994).

After escaping from Cambodia the conditions and experiences encountered at refugee camps prolonged or increased their distress. The final stage of a survivor's journey to freedom and relocation to a new country, involved new challenges: (a) adjustment to new cultures, (b) acculturation stress, (c) accelerated modernization, (d) minority status, (e) social isolation, (f) status inconsistency, (g) dealing with loss and grief, and (h) the long-term impact of traumatic experiences (Lin, 1986).

The research which this thesis is based upon is designed to describe the healing methodology used by Cambodian healers in treating nightmares, suicidal thoughts, and

memory loss which are common PTSD symptoms. The purpose of this study is to understand more fully the healing process engaged in by a Kru healer and a Buddhist monk. Findings from this study will be useful for social workers and psychologists in the development of culturally competent treatments for survivors of the Khmer Rouge genocide who still suffer from PTSD.

Over the last eight years, clinical studies of Cambodian refugees have focused primarily on the prevalence of trauma symptomatology as defined by Western medical diagnostic tools and somewhat on the effectiveness of Western forms of treatment. Findings of these studies indicate that a high percentage of Cambodians suffer from post-traumatic stress disorder (PTSD) Boehnlein & Kinzie, 1992; Carlson & Rosser-Hogan, 1991, 1994; Kroll et al, 1989; Muecke & Sassi, 1992).

Post-traumatic stress disorder is a very broad meaning and can be viewed or understood by Western professionals in many different ways. When dealing with Khmer people with PTSD symptoms, I endeavored to use very specific terms that are clearly understood. After an extensive research study, I found that three symptoms were useful for me. In addition, I learned from the two key informants that PTSD terms were commonly used for their healing practices and the use of these terms assisted the healers and their clients to comprehend one another. The three symptoms that I am addressing are: (a) suicidal thoughts, (b) memory loss, and (c) nightmares.

The two traditional healers stated, "The only reason that Khmer people currently suffer from PTSD symptoms is their past trauma of flight during the time that they lived under the Khmer Rouge Regime or during their escape from Cambodia to the refugee camps in Thailand seeking their freedom. Another reason directly relates to their past lives." This means that during their previous lives they were perhaps not kind to others, they may have committed criminal activities that God did not approve of. Therefore, they are being punished by God with PTSD symptoms sometimes for the rest of their lives. This group of people is called the "unfortunate" group which translates into the English

language as the people who are physically, emotionally, and intellectually dysfunctional in this society. The consequence is that these PTSD clients will be viewed as "social outcasts" and "wasted" by their own Cambodian community.

Conducting this research study has given me the opportunity to further discover that Khmer traditional healing methods still exist within the Cambodian community. Furthermore, it gave me a chance to challenge myself to be able to effectively communicate with the traditional healers and organize my research study design in a culturally appropriate manner. I established a good relationship as a friend with the two highly respected traditional healers. In fact, the two healers recommended that I should continue my higher education so that I will eventually represent myself well in this immense society, be a positive educational role model for the younger Cambodian generation, and maintain a solid working foundation with Western professionals. More importantly, they suggested that I will influence the people who work in the social work field and educate them to better understand, recognize, and accept that despite the fact the Cambodian people are in the process of acculturating and changing their belief system, there are still traditional methods of healing available within their own community.

It is hoped the results of this research study may further the understanding of the meaning of post-traumatic stress disorder Cambodian survivors attach to their experiences and what part these conceptualizations play in their healing. The findings of this study may inform treatment planning to: (a) include the individual's health beliefs and the Cambodian community's healing resources, and (b) focus on cultural meanings and processes of well-being and healing. For Western clinical and human service agencies, the utilization of these findings may be in the areas of: (a) understanding the variability in the pure meaning of "trauma" experiences for the purpose of creating assessment tools which account for personal-cultural conceptualizations of traumatic experiences or illness, and providing services that are culturally sensitive and facilitate optimal healing; and (b) recognizing the importance of understanding clear meanings of wellness and healing from the cultural

context of individuals socialized in non-Euro-America, for instance, notions of short-term managed care treatment may be less helpful to people from high-context settings or researchers' findings may broaden their understanding of the complexities of doing cross-cultural research (preparation of community acceptance, identification of research priorities, etc.) and the implications for misinterpreting cross-cultural data from a Eurocentric stance. Finally, the findings of this study will aid policy direction by sparking critical examination of the ways in which and why current service delivery policies (gate keeper, time-limited, symptom oriented) probably limit effective treatment or healing strategies to Eurocentric models.

CHAPTER TWO

Literature Review

Research

Few studies discuss the effectiveness of Western medical treatment with Cambodian survivors. Those that provide some discussion, offer no evidence of long-term treatment effectiveness (Bemak & Timm, 1994; Boehnlein & Kinzie, 1992; Kinzie & Sack, 1989). The exclusive application of Western medical diagnoses and treatment to their emotional distress has excluded the unique perspectives of Cambodian refugees and their traditional cultural conceptualizations of illness and disease, which researchers suggest are critical to the processes of healing and adaptation.

Eisenbruch (1991) observes that Cambodian refugees have suffered different kinds of objective traumas and a variety of circumstances surround each of their families which needs to be understood. For example, their interpretations of these experiences reflect their cultural explanations of loss and death. Further, Eisenbruch argues, the cumulative effects of being estranged from their homeland and detached from their past may predispose Cambodians refugees to develop the disabling symptoms of PTSD. In addition, the use of Western psychiatric nomenclature complicates understanding the refugee experience by laying the ground work for cultural assumptions. This results in ignoring the appropriate cultural context of Cambodians and deprives service delivery of the cultural meanings about suffering and death which may provide the basis for recovery. Eisenbruch submits that a comprehensive diagnosis of refugees' mental health should be culturally relevant, allowing for Cambodian constructions of mental health. He proposes the use of "cultural bereavement" to describe refugees' response to massive losses involving social structures, cultural values, and self-identity. This cultural bereavement would provide diagnostic refinement, by recognizing PTSD-like symptoms as normal, constructive behaviors which are a rehabilitative response to devastating trauma.

An assumption of the Western biomedical model is the necessary separation of mind and body in the evaluation of functioning and treatment of an individual. This assumption is in direct opposition to Asian models of health, which view an individual's well-being as a function of the balance between body and mind. The health beliefs and practices of Cambodians are grounded in their spiritual and religious beliefs. Moreover, mental health in Asian conceptualizations of well-being, unlike Western models, cannot be separated from bodily health or spiritual well-being (see Appendix A for Cambodian Health Beliefs and Practices).

The different normative definitions of illness and suffering within societies not only provide different systems of intervention, but may ultimately frame the effectiveness of treatment. A societal group in which illness is "defined and caused by anatomical and physiological alterations will focus on their physical characteristics in seeking prevention or cure" (Hahn, 1995, p.65). In such a society, the system of medical evaluation does not consider the individual capable of self-diagnosis and will often not listen to accounts or complaints of the afflicted person (Hahn, 1995, p.59). By contrast, a society which defines illness through, "human experience and caused by human interactions physiological as well as social may attend more to its social organization and the understandings of its clients in addressing prevention and cure" (Hahn, 1995, p.67).

Physician and philosopher Howard Brody (1987 cited in Hahn, 1995, p.72) states that, "suffering is produced, and alleviated, primarily by the meaning one attaches to one's experience." Healing according to Hahn (1995, p.75), "requires listening and responding to the client's story." The construction of individual's reality is filtered through his/her cultural lens (Mareteki, 1992). This cultural lens brings with it "subtle but highly consistent ways that are unconsciously formulated," (Hall, 1977, p.92) that play a critical role in our ways of thinking and behaving.

Another perspective from which to view problems encountered in trans-cultural healing is to examine what Hall (1977) refers to as the continuum of existing within cultures. Cultures in which people are deeply involved with one another, where information is widely shared and commonly understood, and relatively simple messages convey deep meaning are "high context" (Hall). Such cultures are " rooted in the past, slow to change and highly stable and may become overwhelmed by medical systems and lose their integrity" (Hall). In contrast, low context cultures are characterized by relatively casual involvement between people, high individualization, need for large amounts of detailed information, alienation and fragmentation. These cultures appear to utilize technological extensions without loss of integrity, but its people tend to become more mechanical (Hall). Understanding the nature (high-low) of context within a culture is important in determining what is important to the individual, (i.e., what is attended to or not attended to). Hall's anthropological observations make vital contributions to understanding of meaning making ways of cultures. The point to be emphasized is that understanding a culture's place on the continuum of existing is critical to understanding what is important to its members, which in turn, is vital to understanding how to facilitate an individual's healing processes.

High context within the Khmer culture refers to people who like to socialize with one another in their small communities. Socialization consists of a group of elders who gather usually early in the morning to drink tea and share their stories. Another aspect of high context within the Khmer culture is that children are taught to appropriately respect older people, teachers, authority figures, elders, and value education. Khmer people, especially the youth, view movie stars, war heroes, and teachers as positive role models. During the 1970s, the French and English teachers including the war heroes were highly respected by the Khmer society. For the elders, the King of Cambodia was the highest valued and respected person because of his personal status and power. In addition, he was respected because this was a Khmer tradition for thousands of years.

Many people in the United States live in a low context culture which indicates that their socialization is uniquely different from the Khmer people. For instance, instead of socializing within their communities, they socialize with each other by watching television at home or going to the movie theater together. Sports fans socialize and entertain one another by going to the bar during the major league games such as basketball, baseball, hockey, and football. Some youngsters in particular view highly the athletic stars such as Michael Jordan from the Chicago Bulls basketball team, Kirby Puckett formerly with the Minnesota Twins baseball team, Wayne Gretzgy from the New York Rangers hockey team, and Jerry Rice from the '49ers football team as their positive role models. In the 1950s and 1960s, the American people did not live in a highly advanced technological society as we are in the 1980s and 1990s. Therefore, to some extent, the way that they socialized was similar to the Khmer people, who invited their extended family members to socialize at church functions and small communities due to economic reasons. In the 1950s and 1960s one household member could go to work and was able to support his/her family. As a result, more family time was available. In the 1980s and 1990s both household members are required to work in order to support their families. Consequently they do not appear to have adequate time for socialization. Individuality is a part of the low context within American culture. This refers to individual leisure, social isolation, and personal independence. For example, when the weekend arrives, some individuals or their family members like to go to their cabin to fish or simply relax and get away from urban life.

The painful consequences of man-made and natural traumatic events can be found throughout the history of mankind. However, not until the end of World War II were large scale efforts made to understand trauma's impact on individuals and whole cultures. In the United States, this effort resulted in the emergence of the American Psychiatric Association (APA) diagnostic category of PTSD in 1980.

The development of traumatic stress theory currently flows in two major directions: (a) the psychological effects of trauma, and (b) understanding various types of post-traumatic stress syndromes. Studies examining the biological response to trauma have found that the most basic impairment occurs to the brain and central nervous system which govern memory, affect, thought, and sociability (Krystal et al, 1989; Van der Kolk & Saporta, 1993). Psychological effects are thought by some to be manifested by a general uniformity of response to trauma in all humans (Van der Kolk & Saporta; Weisaeth & Eitinger, 1993). However, other researchers have found evidence which suggests clinically debilitating responses to trauma are not universal among people who have experienced trauma.

Post-Traumatic Stress Disorder

Over the years there have been attempts to develop a comprehensive PTSD symptom picture. However, it is far from complete, and as indicated, may be heavily colored by cultural biases stemming from Euro-American conceptions of trauma. Studies for information include: (a) differences in response to stressor events for people of various cultures, (b) coping processes within the context of culture, and (c) adaptation and healing for those in trans-situations (e.g. immigrants, refugees).

Problems with the Current Diagnostic Criteria

As indicated, current definitions of PTSD do not take into account the context of trauma or culturally influenced interpretations of and responses to trauma. We also do not understand the nature of survivor experiences, that is, how survivors conceptualize their traumatic experiences and what part these conceptualizations play in their coping, adjustment, and recovery.

Judith Herman (1992) writes that PTSD does not accurately fit survivors of prolonged, massive and severe abuse, whose symptom picture can be far more complex. I see the need for an "expanded concept" is also suggested by psychiatrists working with Southeast Asian refugees (Kroll et al, 1989). Herman formulated the diagnostic criteria

for, "complex post-traumatic stress disorder" (See Appendix B) which provides a more comprehensive symptom picture. However, her conceptualization remains disease oriented and ignores cultural constructions and/or treatments of trauma. However, Joseph Westermeyer (1989) stated that dealing with loss and grief among Southeast Asian refugees, particularly the Cambodian people are considered PTSD symptoms. For instance:

> They have experienced the loss of their homes, culture, way of life, and often family members and financial security. They have moved into a new world. This move produces serious sadness, worry, fear, and uncertainty. They may not know things they need to know--culture, language, interpersonal skills, the manners and protocol of the new society. Many things take them by surprise. Everything is changed. Everything but life is lost.
>
> These experiences can destroy some people's morale and adaptability. Others adjust well. Some people go beyond mere adjustment and become exceptional. Every refugee has to find ways to cope with sadness and grief, loneliness, separation and loss. If they are successful to find a new life after great loss, refugees must deal with the past. They need to use the past to enrich the present, but not dwell in the past or refuse to surrender it. Surviving great loss and stress can add to one's strength and adaptability. Survivors are willing to acknowledge negative situations and to discuss negative feelings. They are willing to admit mistakes and do not let resentment build up. Survivors admit that life is difficult and are willing to think and perhaps to talk about it with people they can trust.

Based on my findings, learning to deal with grief and loneliness are important skills for Cambodian PTSD clients to learn. Some useful points in dealing with grief and loneliness are:

1. Grieving is a painful process. It is most painful at time of change, such as the ending of an important relationship through separation, death, or moving to a new place. In learning to deal with loneliness, Cambodians may learn to reach out to others. They must learn that a person never needs to be alone in the world.
2. A grieving person must allow time to deal with sadness. A few years are needed to deal with major losses. Bereavement cannot be completed in weeks or months. During the grieving period, one must take time to think, feel, and talk about the loss. If the sadness and anger at the loss remain severe and fresh even after a year or two, professional assistance may be necessary.

3. In dealing with loneliness and loss, it is important to understand the nature of social support, to know where it comes from, how to use it, and how to renew it. Relationships with family are important to Cambodian refugees; they need access to those who provide them with love, care, comfort, appreciation, and support. Despite the importance of family support, their families' relationships sometimes fail due to intergenerational conflict, marital conflict, and family differences in the acculturation process. Without the support of the family, these PTSD clients must increase their support with some assistance from bilingual workers' networks by reaching out to community resources. This is a considerable risk in terms of their personal status as PTSD clients. They perhaps are viewed by their own people as a group of "crazy" people, but it can also bring rewards. Some acquaintances may become friends with greater closeness, longer duration, mutual responsibility, and interdependence. A few friendships can grow into love.

Perhaps what we still don't know is how Western professionals can help Cambodian PTSD clients who are experiencing grief and loss. After an extensive research study for my thesis, there are some concrete steps that I have found to be helpful to utilize in assisting Cambodian clients with PTSD problems to cope with their situation and adapt to better life.

1. Listen to their stories without being judgmental. Try to understand their experiences and then respond to them. Believe them.
2. Take their troubles seriously. Even if their adjustment problems seem minor, they are important to them. Do not tell them to forget and things will be better tomorrow.
3. Encourage them to talk with other people whom they can trust as well as to you. You may offer to take them to a mental health clinic for professional help or their traditional method of healing center if you think their situation is severe or dangerous.
4. Introduce them to community activities so that they will have a chance to have recreation and clear their minds of worry for a time.

5. Stay in touch with them, invite them to do things with you, show them that you care about them.
6. Be aware of their patterns or behaviors, for using alcohol excessively to treat their symptoms. For instance, by drinking alcohol excessively, they believe that they forget their problems or their problems will be decreased.

Theoretical Framework

There are few theoretical frameworks which suggest ways to examine trauma and healing from cultural perspectives outside of Western bio-medical models. It has also been difficult for me to maintain a constant critical perspective regarding the issue of (PTSD) symptoms within various cultural context. Thus, Hahn's broad conceptual framework is useful in maintaining a critical view of key factors and relationships which affect experiences of trauma and healing in a cultural context.

Robert Hahn (1995), medical anthropologist, proposes a comprehensive theory of sickness and healing which focuses on adaptation and culture, and considers important the recognition that: (a) events occurring in social settings are greatly influenced by powers beyond the immediate locale, (b) "power, including the control of exposures to sickness and resources for healing, is unevenly distributed in most societies," (c) "theories of sickness and healing are themselves elements of a culture, principally a Western developed world culture." (Hahn,p.25) He goes on to say that values of the dominant culture "must be acknowledged and made ethical acts where injustice and inequity prevail, scholars must strive not to rationalize the system, but unmask and remake it." (Hahn, p.25)

Hahn's critical perspective will guide and challenge this study through constant reminders that: (a) the processes of survivors are affected by aspects of the political situation that remain salient forces in their lives (the Khmer Rouge continue to be a real threat), (b) that distribution of resources within this country shape the manner in which illness is manifested (Cambodians who need help for emotional distress must manifest Western clinical symptomatology), (c) that a deeper understanding of how survivors

explain their experiences with trauma will make the rules governing Western conceptualizations of illness more apparent (Hall, 1977), and (d) that an underlying goal of this study is to transcend the received systems and approaches to intervention, by recognizing factors which will enhance effective, culturally sensitive health care services, especially the Western professionals in the human services field.

Therapeutic Approaches to Traumatized Cambodian Refugees

Cambodians are predominantly Buddhist, believing that personal misfortune is inevitable. They believe in reincarnation and that current life stresses or failures may depend upon deeds done in a previous life. Coexisting with the Buddhist doctrine is a traditional folk religion, a belief system involving a variety of animistic, ancestral, or ghost-like spirits. Their religious concept has given more comfort than some traditional Buddhist ideas. Both religions, however, require performance of certain rituals as a means of coping with despair and unhappiness. With the death of Buddhist monks and separation from family and homeland, it became impossible for many Khmer immigrants to perform spiritual rituals which increased problems in coping with grief and loss.

Chandler (1992) pointed out that the "concept of an individual Karma/Khmer was also expanded to the country of Cambodia. The atrocities represented, to some extent, a national shame. Clients have said that Cambodians must have done something very bad in the past to deserve this kind of punishment. The gray shame and the traditional acceptance of life as it is have made it difficult for refugees to speak of events in Cambodia." (p. 23-27)

The Cambodians and other refugees face similar problems; loss of their homeland possessions, social and individual support, economic disadvantages, limited English skills, and the pressure to get employment without appropriate training, but unlike some other groups, many Cambodians have seen family members killed, and their culture shattered. The devastation and massive trauma, plus refugee status, added to their misfortune.

Like other Asians, Cambodians have a dread of mentally ill family members, which causes adverse economic and social effects on the family in this country. Treatment either by Western trained doctors or native healers usually involves rapid diagnostic procedures and active brief intervention. There is no Cambodian cultural analogy for self-revelation of feelings and attitudes as in Western forms of psychotherapy. According to one Buddhist monk, "going to psychotherapy is an unknown procedure; personal feelings are private and are not to be shared with others, particularly with Cambodian people who are experiencing difficult problems with PTSD. These factors must be considered in approaching Asian clients."

Cultural Background of Khmer

Cambodians do not have a single, dominant perspective of health and illness such as the Western bio-medical model. For some Cambodians, disease is believed to result from a state of imbalance caused by the natural or supernatural environment. The existence of vital organs is recognized. However, their functions are not fully understood in Western medical terms. Metaphysical and supernatural forces such as "offended spirits, moral transgressions, diet or behavior-induced humoral imbalances and sorcery" are responsible for health status (Aronson & Kinzie, 1987).

The Middle Way

Theravada Buddhism has been the primary influence on Khmer behavior and mentality since the fourteenth century (Aronson & Kinzie, 1987; Frye, 1993). Buddhist practices became fused with earlier forms of animism and subsequently with Islam and Christianity (Frye, 1993). Cambodian philosophy of life and beliefs about health and illness have evolved from their interpretation of Buddhist principles. These principles include the law of Karma, in which the individual's present good or bad actions affect his/her well-being in a future reincarnation. Thus, a child's congenital defect such as being born without a hand could be explained by accumulated sin from a previous life, the child's mother having

committed a sin, or the child having committed a bad deed which caused him/her to lose a hand (Aronson & Kinzie).

The Basic Teachings of Buddhism

The main ideas of Buddhism are contained in the statements known as the Four Noble Truths and the Middle Way which the Buddha proclaimed in his first teaching at Deer Park near Benares in the first year of his dispensation.

The Four Noble Truths are:

1. The Noble Truth of Suffering: This truth deals with all problems of life as represented by birth, old age, disease, and death, including sorrows and frustrations of every kind. Obviously these things are unsatisfactory and people try their best to avoid them and to be free of them. For those who want to avoid and be free from suffering, this Truth teaches that attitude, the attitude of acknowledgement and wisdom, must be maintained towards all things. It is essential to learn to know things as they are. The unsatisfactory facts of life must be observed, located, and comprehended.

2. The Noble Truth of the Origin of Suffering: In this truth the Buddha examines and explains how suffering arises through various causes and conditions. This second truth includes the profound law of causes and effects, the practical part of which is the well known Law of Karma. It teaches that all kinds of suffering have their origins in craving and selfish desire rooted in ignorance. Not knowing what they are or being ignorant of their true nature, people crave for and slavishly cling to things. Through unsatisfied desire or through inappropriate response, they experience sorrows and frustrations. Through craving they also perform various actions with the body, speech and mind, which results in suffering for themselves and others whereby other evils are caused to grow.

3. The Noble Truth of the Extinction of Suffering: This third truth deals with the goal of Buddhist endeavor. It tells us that when ignorance is completely destroyed through true knowledge and when craving or selfish desire is eradicated and replaced by the right

attitude of love and wisdom, Nirvana, the state of perfect peace, absence of defilement and freedom from suffering will be realized. For those who have not completely destroyed ignorance and craving, the more ignorance and craving are diminished, the less suffering there will be. The more their life is guided by love and wisdom, by acknowledgment and compassion, the more their life will become a product of happiness and welfare, both for themselves and others.

4. The Noble Truth of the Path Leading to the Extinction of Suffering: This fourth truth defines the Buddhist way of life and contains all ethical teachings and practices of Buddhism. It provides the way and means to attain the goal as set forth in the third truth. This way is called the Noble Eightfold Path. According to the Noble Eightfold Path, a good life cannot be achieved only through the control of and mastery over external factors, be they natural or social environments. The external control must be combined with the internal factors according to the method prescribed under this truth. This control is worked out by systematic training. The eight factors of the Path (Table 2.1) are therefore organized into a system called the threefold training of wisdom, morality, and mind development. These practices are sometimes summed up as:

- Do not do anything that is hurtful to oneself or others
- Cultivate all that leads to well-being for oneself and others
- Purify the mind from all greed, hatred, and delusion.

Table 2.1 Noble Eightfold Path

- Right view or understanding	Wisdom
- Right thought	
- Right speech	
- Right action	Morality
- Right livelihood	
- Right effort	
- Right mindfulness	Mind Development
- Right concentration	

This Noble Path of eight factors and threefold training is called the Middle Way. Those who follow it avoid the two extremes of sensual indulgence and self-mortification, and live a balanced life in which material welfare and spiritual well-being go hand in hand, run parallel, and are complementary to each other.

Such is the Buddhist way of life, the way that is open to all regardless of caste, sex, and race. The Buddha proclaimed the quality of all people who are to be judged by action or character, by what they think and do, not by birth or color. Each person reaps what he/she sows according to the natural law of cause and effect. Human is the master of his/her destiny. The way is one of self-effort, free from prayer and superstition. People have the power to improve themselves and reach the highest goal of life through their own efforts. Even the Buddha did not claim to be a savior. He found the Path and showed it to the people. He guides and encourages them along the way, but they themselves must tread the Path. People who have progressed further on the way should be friends and help one another.

For those who are following the path of self-purification, the Buddha prescribed knowledge and wisdom as the key virtue. Wisdom is usually developed by the method of

meditative reflection. This means a person has to learn to look deeply within, to investigate, and to understand things for oneself. Buddhist principles are things to see, not to believe. The method of the Buddha as presented under the Four Noble Truths can be compared to that of a physician. To put them in medical terms, the four stages of the Four Noble Truths are:

a. The statement of illness,

b. The diagnosis of its origin,

c. The prognosis of its antidote, and

d. The prescription for the cure (Chah,1987).

Reinforcing Traditional Values

Buddhism is still strong among the various Cambodian refugee groups throughout the United States, although some younger monks, faced with distractions of a foreign culture, have chosen to leave the clergy and return to the laity. In the United States in 1984, there were twelve Cambodian temples with about twenty-one monks. In the 1980s, a Cambodian Buddhist temple was constructed near Washington, D.C., financed by a massive outpouring of donations from Cambodian Buddhists throughout North America. This temple is one of the few outside South East Asia that has the concentrated boundary within which ordinations may be performed. There are two temples in Minnesota, one is located in Rochester and the other is in Farmington. Buddhist informants did not label services according to discrete categories such as health; mental health, social, or educational services are not performed according to distinct specializations as are the Euro-American human services categories. The temple staff and the sponsoring Buddhist Association developed by combining the traditional expected activities of the temple, such as religious celebrations, with appropriate requirements of refugee community. For the sake of convenience, services are described in this literature according to the types of needs met: material subsistence, psychological, social, and spiritual (Aronson & Kinzie, 1987).

Khmer Beliefs about Natural Causes of Health and Illness

Equilibrium is the core principle of health within the traditional Cambodian belief system (Frye, 1993). The balance of food intake, emotional states, interpersonal relations, space of work and rest, and interaction with the environment, all contribute to well-being. Environment winds can be a source of imbalance and illness. A "hot" or over-active physiological state is exacerbated by culturally defined "hot" foods (meat, salt, alcohol, and spicy food). And, a "cold" or weak physiological state would be exacerbated by "cold" foods (vegetables, fruit). Oppositional food treatment is used to bring the body back into balance.

The body is not in equilibrium when the individual experiences deep states of anger or grief, or overwork resulting in "wind-illness" (Frye, 1993). In a mild state, wind illness may take the form of a headache and would be treated with dermabrasive therapy, such as Khyal (coin rubbing), skin pinching. These techniques bring "bad" wind to the surface of the body for excretion (Marcucci 1986; Martin 1983; cited in Frye).

Kchall Koo, for example, is a life-threatening form of wind illness in which bad wind has become "frozen wind" as a result of extreme exhaustion, emotional distress, or spirit possession. The Kchall Koo afflicted person becomes catatonic similar to a person in severe depression. Treatments include: emergency acupuncture, family members praying, chanting, and holding the sick person to impede the catatonic state (Duncan 1987; Marcucci 1986 all cited in Frye, 1993).

Spirits and the Supernatural

Animism, sorcery, magic, and elements of Brahminism coexist with Theravada Buddhism, possibly as an immediate means of coping with suffering that is unexplainable. Supernatural forces/spirits may be responsible for misfortune, accidents, certain bodily illness, and insanity (Aronson & Kinzie, 1987). These spirits act in good and bad ways, and if not properly respected, may cause illness. Of the large number of spirits recognized by Khmer, particular ones are more critical to health than others.

Neak Tha, Preay and Ab, for example, are spirits identified with matters of personal health and well-being. One or two Neak Tha guardian spirits protect each community or social group, but not their individual members. Neak Tha is a spirit of an old man or grandfather, usually benevolent, but easily angered and vengeful. Neak Tha may live in a tree, forest, mountain, river, or rice paddy. If a Neak Tha is not properly worshipped, it will cause illness and misfortune. Neak Tha can cause abdominal pain, vomiting, high fever, constipation, nightmares, inappropriate laughing and crying, and sudden death from cardiac arrest or trauma (Aronson & Kinzie,1987; Frye, 1993).

Preay and Ab are ancestral spirits and spirits of those who have suffered untimely deaths which can affect an individual's health. Preay are demon spirits which can scare people to death, cause high fevers, sleeplessness, and weight loss. Ab are witch spirits which cause illness to all individuals they come in contact with. Ab and Preay are female spirits which appear only at night.

Spirits of stillborn children, women in labor, and those who experienced untimely deaths which did not permit necessary Buddhist funeral rituals are especially dangerous (Aronson & Kinzie, 1987). Evil spirits are especially apt to rise from slowly decaying bodies, hence the strict observance of cremation (Zadronzny, 1955 cited in Boehnlein, 1987). Immoral behavior will also cause ancestral spirits to haunt a family (Duncan, 1987; Frye, 1986; Penk & Kemp, 1985; Marcucci, 1986; Martin, 1983; Ong in Bowland and Bruna, 1985 all cited in Frye, 1993).

Emotional Stress and Behavior

Emotionally distressed Cambodian refugees commonly present with somatic complaints, such as, in any forms of physical pain (headaches, abdominal pain, chest pain) and sleep disturbance (Cheung, 1993; Kroll, et al., 1989). Somatization is thought to occur because of: (a) the tendency to minimize or often ignore the symptoms of trauma because of guilt and shame (Cheung, p. 425), (b) Buddhist beliefs that suffering is an expected part of life and expression of dissatisfaction or strong display of affect are

incongruent with those beliefs (Seanglim, 1991; Cheung), and (c) the display of strong and uncontrolled emotions is considered pathological in Khmer culture (Landerman & Esterik, 1988 cited in Cheung, 1993). According to Cheung, Cambodians and other South East Asians associate the concept of "madness" with all psychiatric conditions, the sole treatment for which is long-term confinement in a rudimentary psychiatric institution.

Koucharang (thinking too much), a culture bound syndrome indicating stress, is identified by complaints of headaches, somatic complaints of chest pain, palpitations and shortness of breath, excess sleeping, and withdrawal (Frye & D'Avanzo, 1994). In Frye and D'Avanzo's comparison study of Cambodians in Massachusetts and California, the primary cause of Koucharang was attributed to memories associated with the Khmer Rouge precipitated by nightmares or flashbacks. Cambodians describe management of Koucharang as involving cultural taboos and coping strategies. Avoidance of alcohol, drugs, and sad thoughts are the most important behaviors to observe in dealing with Koucharang (p. 70). When a family afflicted by Koucharang becomes emotionally or physically violent, the primary management strategies used are verbally discouraging sad thoughts and not leaving the individual alone. The afflicted individual likewise uses the coping strategies of avoidance of sad thoughts and not being alone.

Another approach would be to meditate at the Buddhist temple where it is a very quiet and peaceful place. This type of meditation will be instructed by the monk twice per day. Normally it starts at 6:00 to 7:30 AM and again from 7:00 to 8:30 PM. This meditation process perhaps would last one week to a month. If the individual's problems have not improved a great deal, then she/he is welcome to continue as long as she/he chooses to do so. This meditation process is designed for persons who strongly believe in Buddhism.

Supportive, Long-Term Therapy

The effects of massive trauma are long-term with persistent symptoms which come and go over time. The therapy must be geared to this reality, a commitment to long-term supportive psychotherapy. This support in many ways is similar to that given to people

with chronic schizophrenia (Westermeyer, 1989). The clients are expected to keep regular appointments at the clinic which also must be respected by the therapist. The necessity of these visits is impressed upon the clients and results in a high follow-up rate in the clinic. With each client there are common themes from visit to visit such as discussion of family members, stresses at home, school experiences, and letters from relatives abroad. These provide continuity of the client-therapist relationship. There is a need for humor to help make the sessions a pleasant experience with the general philosophy of reducing stress. Through modeling a broader range of positive as well as negative emotions, the clients become more comfortable in expressing their emotions. There is a need too for anticipating clients' problems and helping with practical problem solving. Adjusting to the new country is a long-term process and Cambodian refugees have difficulties in day-to-day living just because they are in a new country. Visits, though brief and spread out over time, are expected to continue, with no planned termination of the treatment. It is necessary to have some contact with the client between visits from someone who speaks their own language. This may be a regularly scheduled visit to a counselor or telephone contact by the client in times of crisis. If clients miss appointments, the counselor should contact them to indicate his/her concern and to encourage them to keep their clinic appointments (Kinzie, 1989).

Conflict Between Khmer Culture and Western Treatment

Comparison of Client Needs and Physician Approaches

Traditional Khmer clients, especially the elderly need their sick role confirmed, a clear explanation concerning the nature of their illnesses and the feelings of fear and guilt need to be reduced. The Western physicians, however, provide basic education to confirm the sick role for their clients and reinforce their negative feelings indicating that no one is blaming them for being sick. This comparison indicates that the Khmer client needs a clear and simple explanation from the Western physicians so that they understand and trust them. Once they have trusted their physicians, it is a lot easier for both parties to communicate. (Table 2.2)

Table 2.2 Comparison of Client Needs and Physician Approaches

Khmer Client	*Western Physician*
- Needs explanation of illness understanding teams	- Gives firm concept of etiology and education
- Often needs to have the sick role confirmed	- Confirm the sick role
- Needs to have stress, fear, and guilt reduced	- Prevents anyone from being blamed for misfortune

Comparison of Client Expectations and Physician Approaches

Traditional Khmer clients, particularly the elderly, have very high expectations of their physicians and expect them to cure their illnesses rapidly. Active treatment and the willingness from the physicians to take time in providing logical reasoning is what the Khmer clients need the most. Western physicians, when providing treatment, generally prescribe medication and have as their goal relieving symptoms or curing illness. This comparison demonstrates that the Khmer clients have high expectations of their physicians to cure their illnesses rapidly. The Western physicians, in most cases, provide treatment to their clients with medication. These approaches appear to be helpful and have met the needs of the Khmer clients because when they have seen their doctor, they expected that medication would be prescribed. (Table 2.3)

Table 2.3 Comparison of Client Expectations and Physician Approaches

Khmer Client	*Western Physician*
- Expects leader to understand illness	- Actively involved in diagnosis/treatment
- Expects rapid cure	- Has goal of relieving symptoms curing illness
- Expects active treatment	- Actively involved in treatment, often with medication

Conflicting Cultural Background of Client and Therapist

Khmer clients to some extent have low self-esteem due to the loss of their personal status, lack of education, inadequate training, and as a result their family roles as breadwinners have changed. Family traditional values, correct order of social relationships, and living in harmony with nature are the Khmer client's self-identity and social norms. This aspect of conflicting cultural issues from the Western therapist is that Khmer clients with PTSD symptoms have been viewed as persons with an insecure social status. This perspective indicates that clients are intellectually physically, and emotionally incapable of becoming a productive working force in this society. Furthermore, the clients cannot properly provide their role as a parent(s) within their own families. As a result of this cultural conflict, the PTSD clients, according to the Western therapist lack self-confidence,become isolated, reject authority versus correct social relationships, and the need to control nature versus living in harmony with nature. This comparison shows that the Khmer client and the Western therapist apparently have completely different cultural backgrounds. Ultimately the conflicting cultural backgrounds can be a major obstacle for both helpers and helpees in the clinical setting. (Table 2.4)

Table 2.4 Conflicting Cultural Background of Client and Therapist

Khmer Client	*Western Physician*
- "Refugee" status insecurities in language, vocation, societal position	- Secure societal status
- Interdependence and traditional family values	- Autonomy and independence
- "Correct" social relationships	- Relative in values, situational ethics, rejection of authority
- Holistic cultures: people living in harmony with nature	- People versus nature: the need to master or control nature

Conflicting Concepts of Mental Disturbance and Treatment Held by Client and Therapist

Khmer clients believe that mental illness is caused by supernatural events such as a ghost or flashbacks to past events in Cambodia or during their journey from Cambodia to the refugee camps in Thailand. This type of mental illness should be cured rapidly by an active healer whom the client trusts and respects. This active healer is an individual who is very effective in providing healing methods to cure his clients. He must be very well known , highly respected, and trusted by the Khmer community. The Western therapist, however, views mental illness as a result of psychological and biological factors, and the treatment itself is time consuming. Kinzie's study indicated that seven to fifteen years is the normal length of treatment. This comparison points out distinctively that Khmer clients and Western therapists view this type of mental illness completely different. (Table 2.5)

Table 2.5 Conflicting Concepts of Mental Disturbance and Treatment Held by Client and Therapist

Khmer Client	*Western Physician*
- Fear of mental illness	- Relatively more comfortable attitude about handling mental illness and symptoms
- View of mental illness as caused by imbalance of cosmic forces or supernatural events, by an agent such as a ghost or by a strong emotional experience.	- View of mental illness as a result of psychological and biological factors.
- No cultural analogy of extended psychological therapy.	- Belief that psychotherapy is valuable and promotes growth.
- Belief that cure should be rapid with leader active	- Aware that cure will be extended and time consuming with the therapist often passive

In summary, table 2.3 pointed out that Khmer clients in general had high expectations of their therapists to cure their illnesses rapidly. Table 2.4 indicated that conflicting cultural issues could be a major obstacle for both Western professionals and Khmer clients in the clinical setting. Table 2.5 illustrated that Khmer clients believe that mental illness is caused by supernatural powers and/or events such as a ghost or past severe traumatic experiences. It further showed that in order for the clients to get well rapidly from their illnesses, the

lost all their personal possessions such as houses, farms, and their personal belief system. In addition, they lost their loved ones not only during this Khmer Rouge period, but also while they were escaping across the mine fields from Cambodia to the refugee camps in Thailand for freedom. According to my research study, the most common PTSD symptoms affecting Khmer clients are memory loss, suicidal thoughts, nightmares, sleeplessness, hopelessness, helplessness, and isolation.

What we do not know statistically is which form of treatment is more effective between the Western treatment with medication and the Eastern treatment with the spirit calling process. In addition, what are the disadvantages and what are the benefits.

I personally believe that this study is extremely critical for the Western mental health professionals and social workers to further increase their knowledge, experience, and basic understanding of the Khmer culture, belief system, and behaviors. With this fundamental preparation and cross-cultural awareness, they are able to provide effective treatment to the Khmer clients with PTSD symptoms.

CHAPTER THREE

Methodology

In this chapter I will outline my credentials as an observer and interpreter of Khmer healing. I will explain the research design, the sampling process, and data analysis.

I am a Khmer (Cambodian), who was born in Viet Nam, immigrated to the United States as a political refugee, and I'm now a naturalized citizen. I created this research task as an attempt to translate for mental health and human service workers the healing perspectives of indigenous Khmer healers.

I have thirteen years of human service experience which informs my work in translating Khmer culture for psychiatrists, psychologists, and social workers. For this research, I bring together my personal knowledge of Khmer culture and my professional knowledge of Western human services.

Research Design

In this case study, I interviewed two current Khmer healers. My interview format was formed by the symptom list for post-traumatic stress disorder (Kinzie, 1989). I invited two healers, a Buddhist monk and a Kru healer for a visit or meditation. Within the Cambodian culture, the Buddhist monk is the person who provides advice, meditation instruction, and leads the followers of Buddha in worship. For instance, he often listens to the Khmer people, especially the elderly who come to visit the temple more than their adult children or grandchildren. In addition, he provides advice based on Buddhist and Khmer ethnic moral principles. Within the Cambodian culture, the Kru healer is not only viewed by Cambodians as a traditional healer, but also as a teacher who oftentimes teaches Khmer language, acts as a community leader for organizing major festival events such as a New Year's celebration or a wedding. In addition, on some occasions he performs his spiritual healing process to invite only good spirits and ancestral spirits to come to protect the community from evil spirits. In other words, the Kru healer has many different roles

within the Cambodian community; his most important roles are as a distinguished healer, peacemaker between good and evil spirits, and advice-giver.

I took their interviews and created two case studies. Analysis of these studies was used to guide recommendations for mental health and human service providers when working with Khmer refugees in general, and specifically those suffering from post-traumatic disorders.

Sample

I selected two Khmer traditional healers living in Minnesota. I selected a Kru healer who lives in Saint Paul, Minnesota. He immigrated from Cambodia as a political refugee in 1984 directly to Minnesota. He is approximately fifty years of age, a father of two, and a grandfather of three. Before he became a Kru healer, he learned and watched his father practice the Kru healing process. At the age of fifteen, he became a Kru healer with the training provided by his father. Because he was so young, he went on to receive further training from a different traditional Kru healer in the mountains to learn the methods of healing that are used when treating clients with PTSD symptoms.

The Buddhist monk is approximately forty-five years of age. He left Cambodia in 1986 and has resided for approximately ten years at the Buddhist temple located in Farmington, Minnesota. Before he became a monk, he stayed at the Buddhist temple for five years studying the Buddhist bible. At the age of seventeen, he became a monk. His training included how to meditate and provide worship instruction or method to his peer Buddhist monks and to the Khmer elderly in the community. His main responsibility to the community is to live at the temple for as long as he is willing and able to do so. At the age of twenty-five he officially became a traditional Kru healer with the recognition from the Khmer society. The Kru healer has provided his traditional method of healing for more than twenty years. Presently he has three Khmer clients who are receiving traditional methods of healing from him.

I chose these two key informants because they are the main traditional healers in the Cambodian community. Both the monk and Kru healer are well known and highly respected by the Khmer clients who still deeply believe in the traditional methods of healing. Based on my recent research, there are few traditional healers who provide this type of practice. One reason may be that they do not receive adequate financial support to provide for their families. Another reason may be that the majority of Khmer people have changed their belief system. Many good traditional healers died during the Khmer Rouge regime. (Furthermore, in order for individuals to become effective healers, they must be committed, have sufficient time, and financial support to continue their training.)

I contacted the two traditional healers using methods that reflect culturally appropriate respect which required that I contact them by telephone and then correspond with them in writing. Following this I made a second telephone call to schedule appointments for the interviews. The interviews took place at the Buddhist temple and the Kru healer's home. The length of time spent for each interview was one and one-half hours. The interviews were recorded, transcribed, then translated into the English language. The healers received some fruit or a monetary gift in appreciation for their time and professional expertise.

Despite the fact that there are few traditional healers in the state of Minnesota, the Khmer people with PTSD problems are still seeking the two traditional healing methods. The two highly respected traditional healers have retained their roles and social status in a very significant way within the Khmer community.

I spent approximately three months completing all of the appropriate questions (see appendix B). What I designed were twelve questions that were considered "general questions." Secondly, I created three sets of eight open-ended questions focusing on three different PTSD symptoms: (a) suicidal thoughts, (b) memory loss, and (c) nightmares. The questions were designed based upon the literature review that I did in preparation for my thesis. Approval was obtained from the Institutional Review Board prior to data

collection; the approval number is 9560-2. Informed consent was obtained from the two respondents.

Data Analysis

I analyzed the transcripts of the interviews using context analysis techniques. I added to this analysis a description of both the Buddhist monk and the Kru healer and how each one similarly and differently understands and treats the symptoms of PTSD. The following symptoms of PTSD are as follows: (a) suicidal thoughts, (b) memory loss, and (c) nightmares.

CHAPTER FOUR

Findings

Chapter four discusses the interpretations provided by the Buddhist monk and Kru healer for the symptoms of post-traumatic stress disorder.

Buddhist Monk

Symptoms

Suicidal thoughts

To the Buddhist monk, suicidal thoughts result from "over thought." His perception of "over thought" is that his clients think too much about past events such as their journey to escape from the Khmer Rouge in Cambodia to refugee camps in Thailand.

Memory Loss

His perception of memory loss is related to what he called "human intellectual illness." This is specifically a disease in the brain that causes his clients to be forgetful. For instance, some of them didn't concentrate on driving and continued through an intersection even though the traffic signal was red. Sometimes their minds "wandered" to Cambodia or the refugee camps in Thailand. Another instance he cited was that his clients sometimes forgot doctor appointments.

Nightmares

His understanding is that nightmares were caused by past events during the time of the Khmer Rouge from 1975 to 1979. For example, they witnessed their loved ones being tortured and killed by the soldiers. They lost personal possessions such as homes, cars, boats, animals, and jewelry. He further stated that lack of sleep, irregular heart beat, and insufficient physical exercise are also contributing factors to the nightmares.

Healing

Meditation is one of the major methods of healing that he provides to his clients. For instance, meditation is the fundamental solution for suffering. Meditation penetrates the

true insight, wisdom, or the true nature of all existence. In addition, he further indicated the two foundations within his traditional method of healing:

1. Mindfulness -- This is so important for the practice of Buddhist mental culture, and is the only way that leads to the attainment of purity, overcoming sorrow and lamentation, ending pain and grief, entering the right path, and realizing your own self.
2. The contemplation of all feelings that arise which are clearly perceived as agreeable and disagreeable feelings of body and mind, sensual and super-sensual feelings, and feelings of indifference.

Kru Healer

Symptoms

Suicidal thoughts

Is specifically related to "bad luck." This sign of bad luck can be highly dangerous to his clients in a sense that it could end their lives. The Chinese zodiac is based on a twelve year cycle, each year is represented by an animal. A traditional Kru healer believes that a person's year of birth holds the key to their life-long character and well-being. Suicidal thoughts are believed to be most common during (as a result of) your birth year. Another example would be that 1996 is the year of the "Rat." The healer states, "This year will hold bad luck for people whose birth year is the Rat. A person who is born during this animal year should always be cautious in their behavior and actions during subsequent "Rat years." Before they leave home, they need to notify their family members of what their plans include. They should definitely avoid doing any activities or going anywhere at night because the degree of risk at night is much greater than during daylight."

Memory loss

His perception of memory loss is related to what he calls the "lost soul." This symptom is caused by evil spirits who put "spells" on the person by evil spirit callers. For example, Mr. Johnson is a businessman who is very successful in the area of producing rice and selling it to third world countries. Meanwhile, his competitor is also a

businessman, but is not as successful as he is. In order for the competitor to surpass or possibly destroy Mr. Johnson's business, he would secretly hire some evil spirit callers to put "spells" on Mr. Johnson by using their magic powers, his personal pictures, and date of birth. The evil spirits would afflict Mr. Johnson by sending thorns, needles, fresh meat, and hair into his abdomen or body through their black, evil magic words. The evil spirits send them through the "wind" or "air" only at night. The ultimate, major impact on Mr. Johnson's well-being is causing him initially to lose his "soul." As I indicated above, this "lost soul" will fly away from his body for a day or two. While his soul is away from his body, his mind becomes disoriented, and he feels frightened by his own family members and fears that they might kill him. He feels extremely afraid of the dark, and hears voices.

In reality, according to the Kru healer 95 percent of his clients who have been afflicted by these evil black magic callers' performances are beyond medical treatment. Perhaps 50 percent of the traditional Kru healers are able to cure these types of "spells."

Nightmares

Clients who have problems with nightmares often lack energy due to sleeplessness. This symptom of sleeplessness is caused by flashbacks to past events in Cambodia and the experience during their journey from Cambodia to the refugee camps in Thailand from 1975 to 1990. The Kru healer stated that the most common nightmares that his clients have experienced are apparently related to the feeling of nervousness and fear of the evil spirits. These evil spirits exist deep in the mountains and perform their duties based upon some evil spirit callers who call them to perform their evil acts. He further stated, "If I am unable to cure my clients' problems with nightmares, then eventually the evil spirits will permanently take their souls away from them; they will become intellectually crazy." This pertains to clients who are not able to cope with their daily activities such as taking a bath, personal hygiene, grocery shopping, keeping doctor appointments, taking daily medications. In addition, they hear evil voices which will come and kill them.

Healing

The Kru healer provides treatment to his Khmer clients with PTSD problems by using Chinese herbs, utilizing his magic power to call the ancestor's spirits to protect their well-being and ultimately to cure their illnesses. Moreover, sometimes he has asked his clients to take a bath with "holy" water. This special "holy" water has its own purpose to assist the clients to get rid of the evil spirits and is used to treat a variety of illnesses in addition to PTSD.

Between the Buddhist monk and the Kru healer, there are some similarities and differences in their traditional method of healing.

Similarities and Differences Between the Two Healers

Both the monk and the Kru healer provide treatments to their clients by using "holy" water in attempting to heal the problems of PTSD. Oftentimes, they have a tendency to give advice and invite the client's family members to come and participate in the first session. They provide this type of traditional healing method only at their residences (the temple and the Kru healer's home).

The Kru healer uses Chinese herbs as a traditional medication. He calls the client's ancestral spirits to assist him with the healing process. He does not and will not recommend or allow his clients to be seen by Western health care providers or receive any type of medication from Western health providers. The Buddhist monk is very flexible as long as his clients get their needs met. The Kru healer normally charges fees based on his clients' financial capability. The Buddhist monk does not charge a fee for his services; however, any type of donation is culturally appropriate. The Kru healer does not perform his treatment by utilizing meditation, but the Buddhist monk does it very effectively. Meditation is effective based on how strong the client's faith is in Buddhism and the meditation process. The length of time for clients to receive treatment from the Kru healer is three weeks to six months. There is no limit as to how long it takes the monk to heal his clients.

During treatment it is permissible for the Kru healer to touch the client's head, shoulders, hands, feet, and abdomen. In contrast, the Buddhist monk is not allowed to touch his clients, particularly his female clients because of the difference in gender. For example, if he intentionally touches any part of his client's body without the person's permission, he has severely violated the law of the Buddha. In this case, he will be punished spiritually by the highest ranking Buddhist monk at his temple. He must either resign from his position as a monk or isolate himself for one month to relearn the teachings of Buddha. Once he has completed his term of isolation, he must be re-evaluated by the highest ranking Buddhist monk who will decide whether he can continue practicing as a monk. If he has satisfied the highest ranking Buddhist monk, he is forgiven completely, but he must always remain honest, pure in spirit, open-minded and demonstrate his commitment to learning in order for him to be an effective monk. More importantly, is the need to re-establish the level of trust among his peers and the Khmer community. I want to emphasize that the law of the Buddha requires that the monk be (a) chaste, (b) honest, (c) committed to learning the Buddhist bible, (d) respectful, (e) open-minded, (f) provide healing processes to his clients, (g) adhere to the regulation that no meals can be eaten after 1:00 p.m., and (h) above all, have faith and peace within himself. Without faith and peace, the Buddhist monk cannot become an effective spiritual healer.

The Buddhist monk used the term "over thought" to describe the symptom of suicidal thoughts. He further used the term "human intellectual illness"[1] for the description of memory loss. For nightmares, he referred to past events during the time the clients lived under the Khmer Rouge regime and their journey escaping from Cambodia to the refugee camps in Thailand (1975 to 1979).

The Kru healer used the term "bad luck" to describe suicidal thoughts and the Chinese zodiac as a highly dangerous sign for his clients who were born in the year of the "Rat." For the memory loss symptom, he used the term "lost soul." This lost soul was wandering

[1] "Human intellectual illness" does not translate well into English: The closest definition is "rumination."

all around. He used a case scenario such as Mr. Johnson, the business man who was afflicted by the conspiracy and evil spirit callers to put "spells" on him. For the symptom of nightmares, he used the term of intellectual craziness that specifically indicates his clients hearing evil voices, sleep disturbances, lack of sleep, flashbacks to past events, and feeling frightened by the evil spirits.

It is apparent that the Buddhist monk uses meditation as one of his major traditional methods of treatment. The Kru healer uses spiritual healing which includes calling the client's ancestors and holy water as two of his main traditional treatments.

CHAPTER FIVE

Discussion of Findings

This chapter will discuss: (a) the belief system of the Buddhist monk and the Kru healer, and (b) the need for cultural sensitivity when treating Southeast Asian clients who suffer from PTSD.

The United States of America is made up of people representing a diverse background of racial and ethnic groups. Each has its belief system and its traditions. Mental health professionals such as counselors, social workers, therapists, psychologists, and psychiatrists, need to be aware of clients who have different cultural backgrounds. Awareness means to respect the client's beliefs and values without judgment. Many professionals are not aware of the differences of other ethnic groups. Professionals may unintentionally mislabel behaviors which they consider bizarre and/or may make decisions that are detrimental to the clients.

Khmer clients who suffer from mental illness think that medication will not help them get better because they believe the spirit causes the illness. The Kru healer, Buddhist monk, and their clients who suffer with PTSD symptoms do not think doctors can deal with the spirit. According to Westermeyer, a great majority of Khmer clients who suffer from PTSD believe that only the Kru healer who can communicate with the evil spirits and the ancestors' spirits or the Buddhist monk who can provide a meditation healing process can effectively provide treatment for their symptoms.

According to my research, Buddhism is still strong among the various Khmer refugee groups throughout the United States, although some younger monks, faced with the distractions of a foreign culture, have chosen to leave the clergy and return to the laity. There are two Buddhist temples in the state of Minnesota, one is located in Farmington and the other is located in Rochester. In addition to ministering to those who suffer from mental illnesses, the monk provides instruction to the Khmer people regarding their cultural

belief system and their personal identity. The monk can teach Khmer language, literature, and history. This is considered an important aspect of reinforcing traditional values within the Buddhist philosophy, health beliefs, and practices of Khmer people. From the Buddhist monk's perspective, the Khmer philosophy of life and beliefs about health and illness have evolved from their interpretation of Buddhist principles. These principles include the law of Karma, in which the individual's present good or bad actions affect his/her well-being in future reincarnation.

Khmer Beliefs About Natural Causes of Health and Illness

A Brief Perspective from the Buddhist Monk's Belief System

The Buddha stated that as life exists, there will be illness. Some illnesses are less severe than others. The balance of food intake, emotional states, interpersonal relations, space of work and rest, and interaction with the environment all contribute to well-being. For example, "wind illness" may take the form of a headache and would be treated with dermabrasive therapy such as coin rubbing and skin pinching. The monk believes that these techniques bring "bad wind" to the surface of the body for excretion.

A Brief Perspective from the Kru Healer's Belief System

The Kru healer believes Neak Tha, Preay and Ab are the spirits identified with matters of personal health and well-being. On Two Neak Tha, are guardian spirits which protect each community or social group, but not their individual members. Neak Tha is a spirit of an old man or grandfather, usually benevolent, but easily angered and vengeful. Neak Tha may live in a tree, forest, mountain, river, or rice paddy.

Preay and Ab are ancestral spirits and spirits of those who have suffered untimely deaths, which can affect an individual's health. Preay are demon spirits which can scare people to death, cause high fevers, sleeplessness, and weight loss. Ab are witch spirits which cause illness to all individuals they come in contact with. Ab and Preay are female spirits which appear only at night.

The Kru healer can communicate with good and evil spirits to support him in the process of healing his Khmer clients who suffer with PTSD problems particularly with the ancestral spirits. He further believes that his clients should always avoid greediness and selfishness. The first item in the healing process is to educate and discuss the spirit and the soul of the forest with his clients. When his clients go to the forest, they must respect the spirit and the soul of the forest because there are many different types of evil spirits and souls which can make them ill beyond Western medical treatment. Furthermore, they must be cautious about what they intend to say. For example, if they say that they want to see a tiger or they have never seen a ghost or accidentally stepped on a spirit in the ground, they will become ill exactly as they have said. The Kru healer believes in superstition more than the Buddhist monk because his training took place in the deepest mountains or in a very quiet, small community.

His healing process consists of an invitation to all good and evil spirits especially the ancestral spirits. In addition, he uses holy water and Chinese herbs to aid in healing his clients with three specific symptoms: (a) suicidal thoughts, (b) memory loss, and (c) nightmares. This type of traditional healing process generally would last from three weeks to six months or sometime longer, depending on the severity of the problems that his clients exhibit. The Kru healer does not utilize any type of Western medications; only traditional medications are used such as the roots of trees and Chinese herbs. He will not allow his clients to be seen by Western professional health care providers because it conflicts with his belief system and his methods of healing.

The monk believes that these three specific symptoms of PTSD: (a) suicidal thoughts, (b) memory loss, and (c) nightmares are actually caused by the loss of material possessions and beloved or respected people. In addition the clients suffer from human intellectual illness, lost soul, over thought, and flashbacks to past events during the reign of the Khmer Rouge from 1975 - 1979 including their escape from Cambodia to the refugee camps in Thailand. Moreover, the monk believes that in this life if his clients have done

good things and good things only, meaning no involvement in criminal activity, then in the next life they will be born as humans again. If not, they will be born as animals.

Haing Ngor was a nurse in Cambodia and completed his medical training in the United States to become a medical doctor. Haing was deeply involved in humanitarian aid and politically active opposing the Khmer Rouge regime. He shared the following thoughts. There are few Western providers who are familiar with Khmer traditional methods of healing. There is a lack of cultural sensitivity, lack of cultural diversity in the workplace, and lack of cultural competence directly impacts the quality of care clients receive. Competent providers should have a knowledge base which includes understanding clients' cultural beliefs about causes and treatment of disease. Many clients from traditional cultures believe that Western physicians cannot cure their illness (which may be caused by soul loss or evil spirits), but can treat symptoms with strong medication. Many clients also use traditional or folk remedies or see a traditional healer in concert with visiting a physician. In this setting, it is important for the Western health care providers to acknowledge that there are other health care belief systems, aside from the biomedical model, that are critical to the client's healing process. Western practitioners and other health care providers and institutions sometimes view persons or communities of diversity as "problems." In order for health care providers to best position themselves for a multicultural future, they must move beyond recognition of diversity to celebration of diversity (Haing, 1988).

Bromley (1987) has outlined six steps which will assist helping professionals in their work with Khmer refugees or former refugees. They are as follows:

1. "Have enough information about the culture to permit interaction that is respectful of the client's sense of priority in interpersonal relationships."
2. "Emphasize the client's strengths and coping skills--ones that are working--while de-emphasizing explanations that focus in individual pathology."

3. "Provide opportunities for the Khmer to discuss their unique perspectives, values, and coping styles in the context of their experiences."
4. "Carefully describe your treatment approach and its rationale to the client. The types of services we are prepared to offer might be considerably different from what Khmer clients may be expecting."
5. "Focus on resolving concrete problems, and de-emphasize questions that solicit responses involving affect."
6. "Successful treatment requires an overall approach that is acceptable to the client and does not violate traditional beliefs and values." (P. 239)

Implications for Social Work Education

Arguments have long been made that spirituality should be included in social work education (Dudley & Helfgott, 1990). Practicing social workers indicate that spiritual concerns often arise with clients, and they feel the need to address these concerns. Spiritual issues should be taught in the classroom along with the bio-psycho-social model traditionally used in social work education (Cornett, 1992). Educators need to help students deal with spiritual issues through self-understanding, awareness of spiritual and life span concerns, and direct use of the clients' beliefs. (Thornton & Garrett, 1996).

The population of Asians in the United States is on the rise. At universities, colleges, and other institutions, the social work curriculum should include the Asian models of health which view an individual's well-being as the function of the balance between mind and body. This is in contrast to the Western model of separation of mind and body in the evaluation of functioning and treatment of an individual.

As described in this paper, the health beliefs and practices of Cambodians are grounded in their spiritual and religious beliefs. Thus, it is essential for all social workers to recognize that definitions of illness and suffering are culturally based and healing and treatment methodology are dependent on this understanding. Further, this knowledge is

essential to social workers in their case planning. (Personal communication with the Buddhist monk, 1996).

At universities, colleges, and other institutions, the social work curriculum should include the content of spiritual practice in other cultures as well as the awareness of culture sensitivity of people of color. It helps the social workers to assist clients to grow as a part of case planning. (Personal communication with the Buddhist monk, 1996).

Research Limitations and Strengths

First of all, there are limited Khmer traditional healers who are still practicing their methods of healing due to a lack of community resources, lack of financial support, and many effective traditional healers died during the Khmer Rouge Regime. Secondly, these traditional methods of healing or spirit callers are varied and unique and depend on spirits and on different levels of acculturation. Thirdly, despite the fact that there are a limited number of Khmer traditional methods of healing, the Khmer clients with PTSD problems have recovered from their illnesses. Although there are only two Khmer traditional healers (the Buddhist monk and the Kru healer) available in the State of Minnesota, they are determined to maintain these significant services. First of all, the Buddhist monk stated, "I will sponsor a monk from Cambodia who is very knowledgeable and capable of providing meditation to the Khmer clients with PTSD symptoms before I resign my position at this temple." Secondly, the Kru healer stated, "Without the traditional method of healing provided by a Kru healer, I predict that Khmer clients with PTSD symptoms will suffer a great deal mentally and physically. Because I am the only Kru healer in Minnesota at this time, I'll travel to California next summer to recruit one or more healers to assist me. If I can't recruit at least one healer from California, then I'll travel to Cambodia to recruit at least one additional healer. I want to assure the Khmer clients that they will be able to receive this method of traditional healing after I resign.

And finally, this paper can assist the professional to integrate Western mental health treatments with the Southeast Asian treatment model, particularly with the Khmer people.

It is also a benefit to understand traditional healers and Westeern mental service providers' methods of healing and treatment. Western mental health professionals need to learn from Southeast Asian treatments in a way that helps the Khmer clients/clients be open to Western medication. There are alternatives available to health care treatment in a cross-cultural appropriate manner.

Conclusion and Recommendations

Khmer refugees and former refugees have faced numerous challenges. The trauma they endured during the years of the Khmer Rouge Regime was significant and intense (Kinzie, 1989). The loss of friends and relatives, forced immigration, insufficient medical services, forced labor, lack of food, and the constant threat of torture and murder during this dictatorship traumatized an entire nation. Sixteen years after the war, Khmer citizens who have now resettled in the United States continue to be haunted by the memories of these events (p. 64).

As a whole, Southeast Asian refugees have endured incredible circumstances while trying to survive a tragic time in their history. Recent literature supports the conclusion that the trauma the Khmer people experienced was more intense in duration than many other Asian groups (Mollica, et al. 1988). Social workers and other human service providers who work with Khmer refugees need to be aware of the history of this culture and be sensitive to the unique aspects of their experience (p15 - 19).

The Buddhist monk recommended that by understanding the family roles and religious beliefs of the Khmer people, social workers will be better prepared to assist the refugees in their resettlement process, as well as help them deal with their past trauma and loss. Networking with the current religious foundations and spiritual healers which exist within the Khmer community is an integral component to practicing in a culturally sensitive manner. The Western professionals are welcome to visit the temple in Farmington and Rochester anytime. He further recommended that they should be flexible in order to

encourage the Khmer people more effectively when seeking both Western medical treatments and Eastern (Khmer traditional methods of healing).

In contrast, the Kru healer does not nor will not recommend that his clients seek help from Western professionals, especially the professionals in the medical field. The reason is that his clients would feel confused and their ancestors would not feel comfortable or tolerant, which means they will create more problems for them. However, he would recommend that social workers spend time becoming involved in Khmer community events such as a wedding, open house, and festivals. By doing so, they make themselves known in the community, at the same time they gain "trust" among Khmer people including the community leaders. More importantly, they can work effectively and culturally appropriately with Khmer people by emphasizing their strengths and coping skills as well as allowing them the opportunity to share their family values and traditions. In addition, he strongly recommends that the Western professionals in general must understand and remain sensitive to issues resulting from personal reactions to overwhelming trauma.

The correlation between Bromley's and my findings is that when treating Cambodian clients with PTSD, it is very important for the worker to maintain a good social network within the Cambodian community. This would include the traditional healers, Buddhist monks, groups of elders, and community leaders. Cross-cultural awareness and flexibility are ways of encouraging the clients to open, more direct communication. By doing so, the social workers are able to demonstrate their abilities of caring, being sensitive, and not violating their clients' traditional beliefs and values.

Mutual education and respect are both therapeutic and essential to delivering appropriate service as a team. In order to help Khmer survivors more successfully, we must work together to find an approach that is acceptable to the client and does not violate traditional values and belief systems. Finally, the Western professionals must remember that cross-cultural teamwork takes time, patience, flexibility, and cultural tolerance.

However, social workers can influence the Khmer people by empowering and teaching practical skills, helping them attain employment, information, new knowledge, and so on. Furthermore, connecting them with appropriate resources, can help maintain their integrity and esteem. It is even more significant that Western social workers understand how feelings and expressions of emotions are communicated by Khmer people. Direct expressions of feeling is a Western standard not always embraced by the Khmer. Social workers must be creative and insightful in helping them express their feelings of loss and sadness in ways which are non-threatening and culturally acceptable.

I, as a Khmer individual/MSW student at Augsburg College in the process of completing my degree, would like to personally make two specific recommendations to the Western professionals, particularly to the social workers. First, when working with Khmer people in general, or those who have symptoms of PTSD, they must be aware of the different political factions or religious backgrounds of Khmer people (not all Khmer people believe in Buddhism). Second, they must educate the Khmer people regarding how confidentiality and data privacy are maintained.

Khmer people need to be educated by the Western professionals regarding data privacy for each individual. For instance, Mr. A cannot share information with anyone regarding Mr. B's PTSD problems without written consent from Mr. B. If this problem intentionally or accidentally breaks the confidentiality between the health professional and client, violating the Data Privacy Act, then Mr. A faces litigation.

Appendix A

Post-Traumatic Stress Disorder

A. The essential feature is the development of characteristic symptoms following exposure to an extreme traumatic stressor involving direct personal experience of an event that involves actual or threatened death or serious injury or threat to one's physical integrity; or witnessing an event that involves death, injury, or threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm or threat of death or injury experienced by a family member or other close associate. The individual's response to the event involves intense fear, helplessness or horror.

B. Persistent re-experiencing of the traumatic event in the following ways:
   1. Intrusive recollections of the event
   2. Recurrent distressing dreams in which the event is replayed
   3. Dissociative states which last from a few seconds to several hours or days, during which the person believes he/she is experiencing the events of the trauma in the present
   4. Intense psychological distress or physiological reactivity due to symbolic triggering events.

C. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness manifested in the following ways:
   1. Deliberate efforts to avoid thoughts, feelings, or conversations about the traumatic event
   2. Avoidance of activities, situations, or people who arouse recollections
   3. Amnesia for important aspects of the traumatic event
   4. Diminished responsiveness or "psychic numbing" after the event, diminished interest, or participation in previously enjoyed activities
   5. Feeling detached or estranged from other people

6. Marked reduction of ability to feel emotions
7. Sense of foreshortened future.

D. Persistent symptoms of increased anxiety or arousal not present before the trauma, which include:
   1. Difficulty staying or falling asleep due to recurrent nightmares of the traumatic event
   2. Outbursts of anger
   3. Difficulty concentrating
   4. Hypervigilance
   5. Exaggerated startle response.

E. The full symptom picture must be present for more than one month.

F. The disturbance must cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Appendix B

Complex Post-Traumatic Stress Disorder

A. A history of subjection to totalitarian control over a prolonged period (months to years). Examples are hostages, prisoners of war, concentration camp survivors, survivors of some religious cults; also those subjected to totalitarian systems in sexual and domestic life, including survivors of domestic battering, childhood physical or sexual abuse, and organized sexual exploitation.

B. Alterations in affect regulation, including:
   1. Persistent dysphoria
   2. Chronic suicidal preoccupation
   3. Self-injury
   4. Explosive or extremely inhibited anger (may alternate)
   5. Compulsive or extremely inhibited sexuality (may alternate).

C. Alterations in consciousness, including:
   1. Amnesia or hypermnesia for traumatic events
   2. Transient dissociative episodes
   3. Depersonalization/derealization
   4. Reliving experiences, either in the form of intrusive post-traumatic stress disorder symptoms or in the form of ruminative preoccupation.

D. Alterations in self-perception, including:
   1. Sense of helplessness or paralysis of initiative
   2. Shame, guilt, and self-blame
   3. Sense of defilement or stigma
   4. Sense of complete difference from others (may include sense of specialness, utter aloneness, belief no other person can understand, or nonhuman identity).

E. Alterations in perception of perpetrator, including:

1. Preoccupation with relationship with perpetrator (includes preoccupation with revenge)
2. Unrealistic attribution of total power to perpetrator (caution: victim's assessment of power realities may be more realistic than clinician's)
3. Idealization or paradoxical gratitude
4. Sense of special or supernatural relationship
5. Acceptance of belief system or rationalizations of perpetrator.

F. Alterations in relations with others, including:

1. Isolation and withdrawal
2. Disruption in intimate relationships
3. Repeated search for rescuer (may alternate with isolation and withdrawal)
4. Persistent distrust
5. Repeated failures of self-protection.

G. Alterations in systems of meaning:

1. Loss of sustaining faith
2. Sense of hopelessness and despair.

Appendix C

Research Questions

General approach to the treatment of PTSD by: (a) Kru healer or (b) Buddhist monk.

I am going to ask you a group (series of questions relating to three symptoms of Post-Traumatic Stress Disorder. But first of all, let me describe what Post-Traumatic Stress Disorder is. PTSD commonly affects people who have gone through painful experiences during wartime and have witnessed killings, lost loved ones, and have experienced torture or other terrifying events. It is not uncommon for individuals to experience nightmares related to the traumatic events, unusual memory loss and thoughts of suicide and depression. I will first ask you several questions about your healing practices in general. Later on I will ask you more specific questions related to healing suicidal thoughts, memory loss, and nightmares.

General Questions

1. When a Cambodian adult calls you for help does he/she typically ask for help with specific symptoms such as nightmares, suicidal thoughts, and memory loss?
2. What do you do to help a person identify the real problem or symptom?
3. When the person who calls knows or agrees that these three symptoms are an important problem that need healing, what is the first thing that you do with him/her?
4. Are there things in the person's personal life such as certain food, activities, people that you believe hinder your healing process? Do you tell your clients that they must avoid these things?
5. Are there things in your life, such as certain food, activities, people that you believe hinders your healing process?
6. Do you tell your clients that they must avoid these things?

7. Do you believe that your clients could benefit from the help of social workers? If yes, how do you believe they help your client? Could they benefit from the help of psychologists? If yes, how do they help your client?
8. Do you tell your clients to seek help from these Western professionals?
9. Where do you prefer to do your healing work?
10. Must the client be with you when you do your healing?
11. Can you explain to me how your healing acts on behaviors heal your clients?
12. How do your clients demonstrate their gratitude toward you when they have recovered?

Now I would like to begin by asking you about nightmares, suicidal thoughts, and memory loss, and how you treat people who come to you with complaints of these three different symptoms that affect their lives. When I say nightmares, suicidal thoughts, and memory loss, I want to be sure we both understand what I mean by the words.

Suicidal Thoughts. This is what I mean by suicidal thoughts. Someone might believe that life has not meaning anymore. They experience loss of personal status and for men they experience loss of the authority status within the family. This person feels unproductive physically due to chronic illness or fatigue.

1. Can you describe in detail your ways of healing a person experiencing suicidal thoughts? Do you do anything for a man that you would not do for a woman?
2. When you heal suicidal thoughts, do you do anything for a woman that you would not do for a man?
3. What should the client do during their healing period to help the healing of their suicidal thoughts?
4. In general, how long would you say it takes to heal someone suffering from suicidal thoughts?
5. When a Cambodian adult comes to you and you begin to heal them of their experiences of suicidal thoughts do you ask other people to be present? Yes/No

6. (If yes, then ask) Along with the client, who do you believe must be present during their healing sessions with you?
7. Do you do your healing of suicidal thoughts in a special place?
8. Do you do your healing of suicidal thoughts, at a special time of the day? At a special time of the week? At a special time of the year?

Memory Loss. This is what I mean by experiencing memory loss. Due to forgetfulness, the client drives the car past a stop light. In preparing rice, the client sometimes forgets to turn on the rice cooker or the client forgets to turn off the stove. Often the client forgets doctors' appointments, which day of the week it is, and the names of his/her own immediate or extended family members.

1. Can you describe in detail your ways of healing a person experiencing memory loss? Do you do anything for a man that you would not do for a woman?
2. When you heal memory loss, do you do anything for a woman that you would not do for a man?
3. What should the client do during their healing period to help the healing of their memory loss?
4. In general, how long would you say it takes to heal someone suffering from memory loss?
5. When a Cambodian adult comes to you and you begin to heal them of their experiences of memory loss do you ask other people to be present? Yes/No
6. (If yes, then ask) Along with the client, who do you believe must be present during their healing session with you?
7. Do you do your healing of memory loss in a special place?
8. Do you do your healing of memory loss at a special time of the day? At a special time of the week? At a special time of the year?

Nightmares. For example, this is what I mean by having nightmares. A person gets up in the middle of the night and is being chased or physically tortured by the Khmer

Rouge. The person dreams about loved ones being killed, houses being burned, and escaping across the minefields from Cambodia to the refugee camps in Thailand.

1. Can you describe in detail your ways of healing a person experiencing nightmares? Do you do anything for a woman that you would not do for a woman?
2. When you heal nightmares, do you do anything for a woman that you would not do for a man?
3. What should the client do during their healing period to help the healing of their nightmares?
4. In general, how long would you say it takes to heal someone suffering from nightmares?
5. When a Cambodian adult comes to you and you begin to heal them of their experiences of nightmares do you ask other people to be present? Yes/No
6. (If yes, then ask) Along with the client, who do you believe must be present during their healing session with you?
7. Do you do your healing of nightmares in a special place?
8. Do you do your healing of nightmares, at a special time of the day? At a special time of the week? At a special time of the year?

References

Aronson, B. & Kinzie, D. J. (1987). Antidepressant blood levels in Southeast Asians: Clinical and cultural implications. Journal of Nervous and Mental Disease, 175, 480-485.

Bemak, F., & Timm, J. (1994). Case study of an adolescent Cambodian refugee: A clinical, developmental, and cultural perspective. International Journal for the Advancement of Counseling, 17, 47-56.

Boehnlein, J. (1987). Culture and society in post-traumatic stress disorder: Implications for psychotherapy, American Journal of Psychotherapy, 41, 519-528.

Boehnlein, J. & Kinzie, D. J. (1992). DSM diagnosis of post-traumatic stress disorder and cultural sensitivity: A response. Journal of Nervous and Mental Disease, 180, 597-599.

Brody, H. (1987). To destroy you is no loss. The Odessey of a Cambodian Family. New York: Anchor Books.

Bromley, M. A. (1987). New beginnings for Cambodian refugees--or further disruption? Social Work, 5, 236-239.

Carlson, E. & Rosser-Hogan, R. (1991). Trauma experiences, post-traumatic stress, dissociation, and depression in Cambodian refugees. American Journal of Psychiatry, 148, 1548-1551.

Chah, A. (1987). Introduction to Buddhism. Buddhist Society of Western Australia, 204-215.

Chandler, D. P. (1992). A history of Cambodia. Boulder: Westview Press.

Cheung, P. (1993). Somatization as a presentation in depression and post-traumatic stress disorder among Cambodian refugees. Australian & New Zealand Journal of Psychiatry, 27, 422-428.

Cornett, C. (1992). Toward a more comprehensive personology: Integrating a spiritual perspective into social work practice. Social Work, 37, 101-102.

Dudley, J., & Helfgott, C. (1990). Exploring a place for spirituality in the social work curriculum. Journal of Social Work Education, 26, 288-294.

Duncan, J. (1987). Cambodian refugee use of indigenous and Western healers to prevent or alleviate mental health illness. University of Washington Press.

Eisenbruch, M. (1991). From post-traumatic stress disorder to cultural bereavement: Diagnosis of Southeast Asian refugees. Social Science & Medicine, 33, 673-680.

Frye, B. (1993). Cultural themes in family stress and violence among Cambodian refugee women in the inner city. Advances in Nursing Science, 16, 64-70.

Frye, B., & D'Avanzo, C. (1994). Cultural themes in family stress and violence among Cambodian refugee women in the inner city. Advances in Nursing Science, 16, 64-77.

Hahn, R. A. (1995). Sickness and healing: An anthropological perspective. New Haven: Yale University Press.

Hall, E. T. (1977). Beyond culture. Garden City: Anchor Books.

Herman, J. L. (1992). Trauma and recovery. New York: Basic Books.

Hiegel, P. J. (1984). Collaboration with traditional healers: Experience in refugees' mental care. International Mental Health, 12, 30-43.

Jackson, K. D. (1989). Cambodia 1975-1987: Rendezvous with death. Princeton: Princeton University Press.

Kinzie, D. J. (1989). Therapeutic approaches to traumatized Cambodian refugees. Journal of Traumatic Stress, 2, 75-91.

Kinzie, D. J., Fredrickson, R. H., Ben, R., Fleck, J., & William, K. S. (1984). Post- traumatic stress disorder among survivors of Cambodian concentration camps. American Journal of Psychiatry, 141, 645-649.

Kinzie, D. J. & Sack, W. (1989). A three year follow-up of Cambodian young people traumatized as children. Journal of the American Academy of Child and Adolescent Psychiatry, 28, 501-504.

Kroll, J., Habenicht, M., Mackenzie, T., Yang, M., Chan, S., Vang, T. Nguyen, T., Ly, M., Phommasouvanh, B., Nguyen, H., Vang, Y., Souvannasoth, L., & Cabugao, R. (1989). Depression and post-traumatic stress disorder in Southeast Asian refugees. American Journal of Psychiatry, 146, 1592-1597.

Krystal, J., Van der Kolk, S., & Saporta, G. (1989). Neurobiological aspects of PTSD: Review of clinical and preclinical studies. Behavior Therapy, 20, 177-198.

Lin, K. (1986). Psychopathology and social disruption in refugees. In J. Westermeyer & C. L. Williams Refugees' Mental Health in Resettlement Countries. 61-70.

Marcucci, B. & Rotenberg, L. (1985). A child survivor/psychiatrist's personal adaptation. Journal of the American Academy of Child Psychiatry, 24, 385-389.

Mareteki, E. (1992)., Comprehending the Cambodian genocide: An application of Robert Jay Lifton's model of genocidal killing. Psychohistory Review, 20, 145-169.

Martin, M. A. (1994). Cambodia: A shattered society. Berkeley: University of California Press.

Mollica, R., Wyshak, G., Lavelle, J., Truong, T. (1990). Assessing symptom changes in Southeast Asian refugee survivors of mass violence and torture. American Journal of Psychiatry, 147, 83-88.

Muecke, M. & Sassi, L. (1992). Anxiety among Cambodian refugee adolescents in transit and in resettlement. Western Journal of Nursing Research, 14, 267-291.

Ngor, H. (1988). A Cambodian odyssey. New York: Macmillan Publishing Company.

Penk, W. E. & Kemp, R. (1985). Clinical assessment of post-traumatic stress disorder (PTSD) among American minorities who served in Viet Nam. Journal of Traumatic Stress, 4, 41-66.

Samean, S. (Personal interviews for Khmer traditional healing processes, September 1996).

Thornton, S. & Garrett, K. J. (1996). An integrated model for teaching content on spirituality and religion. Paper presented at the Council on Social Work Education, Washington, D.C.

Van der Kolk, S. & Saporta, G., Weisaeth, D. & Eitinger, F. (1993). A six year follow-up study of Cambodian refugee adolescents traumatized as children. Journal of the American Academy of Child and Adolescent Psychiatry, 32, 431-437.

Westermeyer, J. (1989). Cross-culture care for PTSD: Research, training, and services needed for the future. Journal of Traumatic Stress, 2, 515-536.